

## APPLICATION INFORMATION

Application number::

Filing Date::

Application Type::

Title:: Continuation  
OPTIMIZATION OF A COMMUNICATIONS SYSTEM  
BASED ON IDENTIFICATION OF AN OPTICAL  
MEMBER

Attorney Docket Number:: 9-13528-85us-1

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Total Drawing Sheets:: 6

Small Entity?:: NO

Petition included?:: NO

Secrecy Order in Parent Appl.?:: NO

## INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: CANADA

Status:: FULL CAPACITY

Given name:: KIM

Middle name:: B

Family name:: ROBERTS

Name Suffix::

City of Residence:: NEPEAN

State or Province of Residence:: ON

Country of Residence:: CANADA

Street:: 10 MISSION INN GROVE

City:: NEPEAN

State or Province:: ON

Country:: CANADA

Postal or Zip Code:: K2R 1C6

Inventor Authority Type:: INVENTOR

Primary Citizenship Country:: CANADA

Status:: FULL CAPACITY

Given name:: MAURICE

Middle name:: S

Family name:: O'SULLIVAN

Name Suffix::

City of Residence:: OTTAWA

State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street:: 24 JULIAN AVENUE

City:: OTTAWA  
State or Province:: ON  
Country:: CANADA  
Postal or Zip Code:: K1Y 0S5

Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: CANADA  
Status:: FULL CAPACITY  
Given name:: PAUL  
Middle name:: A  
Family name:: WARREN  
Name Suffix::  
City of Residence:: NEPEAN  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street:: 5 CALAIS COURT

City:: NEPEAN  
State or Province:: ON  
Country:: CANADA  
Postal or Zip Code:: K2E 7E1

Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: CANADA  
Status:: FULL CAPACITY  
Given name:: LES  
Middle name:: C  
Family name:: CHAN  
Name Suffix::  
City of Residence:: NEPEAN  
State or Province of Residence:: ONTARIO  
Country of Residence:: CANADA  
Street:: 321-1130 MEADOWLANDS DRIVE

City:: NEPEAN  
State or Province:: ON  
Country:: CANADA  
Postal or Zip Code:: K2E 6J1

**CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 020988  
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**REPRESENTATIVE INFORMATION**

Representative Customer Number:: 020988

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
09/481,691			01/12/200
			MM/DD/YY
			MM/DD/YY
			MM/DD/YY